FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C § 1983 IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF MISSISSIPPI

COMPLAINT (Identification Number) (Last Name) 13944 FILIOF (Middle Name) SOUTHERN DISTRICT OF MISSISSIPPI (First Name) OUI (Institution) (Address) ARTHUR JOHNSTON (Enter above the full name of the plaintiff, prisoner, and address plaintiff in this action) CIVIL ACTION NUMBER Dorati (Enter above the full name of the defendant or defendants in this action) OTHER LAWSUITS FILED BY PLAINTIFF NOTICE AND WARNING: The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.) No () Yes (Have you ever filed any other lawsuits in a court of the United States? A. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there B. is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.) Parties to the action: 1. Court (if federal court, name the district; if state court, name the county):_ 2. Docket Number: 3.

Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still

Name of judge to whom case was assigned:

4.

5.

pending?):_

PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any).
I. Name of plaintiff: Louis Elliott Prisoner Number: 139449
Address: East Mississippi Correctional Facility, 10641
Highway 80 west, Meridian Ms 39307
(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)
II. Defendant: East Mississippi Correctional Facility is employed as
M. T. C. at
The plaintiff is responsible for providing the court the name and address of each plaintiff(s) as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:
PLAINTIFF:
NAME: Louis Elliott ADDRESS: 1064/ Highway 80 west Meridian Ms, 39307
Meridian Ms, 39307
DEFENDANT(S):
NAME: ADDRESS:
Sgt. D. Chapman E.M.C.F. place of employment E.M.C.F. Place of employment
Warder F. Shaw E.M.C.F. Place of employment

GENERAL INFORMATION

A.	At the	time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?
	Yes (No ()
B.	Are yo	u presently incarcerated for a parole or probation violation?
	Yes () No (V
C.	At the (MDO	time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections C)?
	Yes (No()
D.	Are y	ou currently an inmate of the Mississippi Department of Corrections (MDOC)?
	Yes (W No()
E.		you completed the Administrative Remedy Program regarding the claims presented in this complaint? No (), if so, state the results of the procedure:
F.	If you	are not an inmate of the Mississippi Department of Corrections, answer the following questions:
	1.	Did you present the facts relating to your complaint to the administrative or grievance procedure in your institution?
		Yes() No()
	2.	State how your claims were presented (written request, verbal request, request for forms):
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	3.	State the date your claims were presented:
	4.	State the result of the procedure:

STATEMENT OF CLAIM

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ш.	State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege
	a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach
	I written up for refusing housing on, 10-24-17
	ofter I refused to be housed for tear of my
	safety, I went to a hearing and they found me
	quilty even though I requested protective custody
	It told the officer when I came off the zone
	that at was being extorted, also hit in back
	of the head, and I was int getting my break fast
	trays, they still tried to make me go back on
	the unit, also I gave an officer a note stating
	that the zone was saturated with drugs and
	That the 20th was saturated of the said of the
	I see where the hide them, the officer gave
	note to the gangmembers RELIEF on the zone therefore putting mylife
IV.	State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.
	For my R.V.R. Toget overturned, compensation
	for my pain and suffering, right now atom in
	protective custody, because they are still trying
	to make me go on that unit, and be put somewhere
	where there is no gang octivity
	Signed this 17 day of November 20 17
	Louis Eliatt
	15/449
	West Merdian, ms plaintiff, prisoner number and address of plaintiff
	39307
	I declare under penalty of perjury that the foregoing is true and correct
	(Date) Signature of plaintiff
	V /